2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000054289

1. Entity Name
HORGAN'S, INC.

Principal Place of Business	Mailing Address
PO BOX 25426 SARASOTA, FL 34277-2426	PO BOX 25426 SARASOTA, FL 34277-2426

DO NOT WRITE IN THIS SPACE

01132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0844535	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HORGAN, EUGENE J
4077 MACEACHEN BLVD #59
SARASOTA, FL 34233

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

U00000788977
01/22/08-80006-013 150.00

	TITLE	P
	NAME	HORGAN, EUGENE J
	STREET ADDRESS	PO BOX 25426
	CITY-ST-ZIP	SARASOTA, FL 342772426
	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	TITLE	
	NAME	
	STREET ADDRESS	
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	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   Jan 15/08   941 922 983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #